epiTRENDS
A Monthly Bulletin on Epidemiology and Public Health Practice in Washington State

Preparing for Influenza Season

Vol. 11 No. 7
7.08

Summer may seem an unusual time to be thinking about influenza, but that's when public health agencies begin planning for the upcoming winter flu season. Recently, public health agencies have also started to address the possibility of influenza pandemics or introduction of other severe respiratory infections. An ongoing major public health activity is the tracking of influenza activity (surveillance) including: seasonal surveillance, year-round surveillance, and surveillance for severe respiratory illness among travelers.

Seasonal Surveillance for Influenza

Data from influenza surveillance can focus present and future public health interventions. Each season, which starts in the fall and extends until the end of influenza activity, statewide surveillance for influenza tracks the geographic distribution of disease as well as identifying the specific influenza viruses circulating in Washington. Collecting specimens for viral culture is essential to identify circulating strains and subtypes of influenza viruses and identify newly viruses.

Because the volume of patients with influenza is so great, testing or reporting all who might have influenza is not feasible. To determine trends in influenza activity, we use several surveillance methods to identify influenza in a community as well as the specific viruses in circulation. Each year Washington State Department of Health coordinates influenza surveillance with local health jurisdictions to estimate the level flu activity and the strains of the virus that circulate here. These surveillance methods include:

- Reporting of outbreaks by healthcare facilities, including selected long-term care facilities
- Reporting of outpatient visits for influenza-like illness by selected healthcare providers (sentinels)
- Reporting high levels of school absenteeism
- Reporting of deaths due to pneumonia or influenza in three Washington cities
- Laboratory submission of influenza viruses for typing

In cooperation with national surveillance conducted by Centers for Disease Control and Prevention, participating sentinel health care providers report summary counts of patient visits for influenza-like illness each week. In addition, health care providers can submit respiratory specimens from a subset of patients for free influenza testing at the State Public Health Laboratories.

Continued page 2

Washington State Department of Health

*epi*TRENDS
P.O. Box 47812
Olympia, WA 98504-7812

Identifying influenza strains each season can guide decisions regarding antiviral treatment and chemoprophylaxis in a facility, aid in formulating vaccine for the coming year, and monitor the emergence of drug resistant or novel influenza strains. Testing persons with severe flu-like illness can provide information about emerging pathogens such as avian influenza and SARS. There are also direct patient care benefits from influenza testing. Confirming a diagnosis of influenza can help guide treatment decisions, such as avoiding inappropriate use of antibiotics.

Year Round Surveillance for Influenza

Although surveillance has been conducted routinely during influenza season, typically October through May, conducting surveillance during the entire year could detect the emergence of new influenza strains or identify other severe respiratory conditions such as SARS which might not occur during the usual influenza season. In addition, year-round surveillance would also serve as the basis for a surveillance system in event of an influenza pandemic.

As part of the Public Health Emergency Preparedness Cooperative Agreement, DOH is participating in specific activities to address preparedness for pandemic influenza. These activities address conducting year-round surveillance for influenza. Surveillance targets in both outpatient and inpatient health care settings would identify circulating influenza viruses as well as influenza-associated outpatient visits, hospitalizations, and deaths. There are also plans to implement enhanced surveillance if an influenza pandemic is detected. When possible, electronic reporting will be used.

DOH is currently recruiting and maintaining a group of healthcare providers to be our sentinels by reporting influenza-like illness (ILI) year-round to the influenza sentinel provider surveillance network. Health care providers interested in seasonal or year-round influenza surveillance can contact: Phyllis Shoemaker at 206 418-5595.

Surveillance for Unusual Influenza Viruses

To detect and control imported emerging respiratory pathogens rapidly, all healthcare providers should obtain travel history from patients with severe, unexplained respiratory disease (including pneumonia or acute respiratory distress syndrome) and notify their local health jurisdictions immediately if they suspect the illness is travel-related. Specific situations of concern include patients with severe febrile respiratory disease without an alternative cause who may have had significant exposure to H5N1 (avian) influenza, such as contact with either infected poultry or humans during recent travel to an area with H5N1 influenza.

_epi_TRENDS Monthly Posting Alert

To receive monthly e-mail notification of *epi*TRENDS, please register at this website:

http://listserv.wa.gov/archives/epitrends.html

Choose the option to join the listserve. Enter your name and email address.

Continued page 3

Testing for H5N1 (avian) influenza A virus infection is recommended for a patient who has an illness that:

- requires hospitalization or is fatal; AND
- has or had a documented temperature of ≥ 38°C (≥ 100.4° F); AND
- has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND
- has at least one potential travel-associated exposure within 10 days of onset or works with H5N1 virus in a laboratory

Exposures can occur during travel to a country with influenza H5N1 documented in poultry, wild birds, and/or humans; these exposure include: direct contact with sick or dead domestic poultry or poultry feces; consumption of raw or incompletely cooked poultry or poultry products; direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1; close contact to a person who was hospitalized or died due to a severe unexplained respiratory illness; or close contact to an ill patient who was confirmed or suspected to have H5N1.

A health care provider who suspects that a patient has H5N1 should contact their local health jurisdiction immediately for recommendations on infection control and diagnostic testing. The Public Health Laboratories will provide testing for H5N1 influenza when this infection is suspected in a patient with serious illness. Testing will also be considered on a case-by-case basis for potentially exposed persons with milder symptoms or for persons with unexplained severe respiratory symptoms but lacking significant exposure.

Health care providers should use appropriate infection control and isolation precautions for the patient, especially when collecting respiratory specimens from any patient with unexplained respiratory symptoms.

Health Care Provider Preparations

Influenza is only one of many respiratory infections potentially spread in a healthcare setting. Other conditions such as pertussis, respiratory syncytial virus, and even early chickenpox or measles can be spread through respiratory transmission. To protect staff and other patients, health care settings can institute year-round respiratory hygiene measures.

Patients and their family members with respiratory symptoms should be instructed about preventing respiratory transmission in outpatient and inpatient health care settings. Respiratory hygiene measures include covering coughs and sneezes, cleaning hands after contamination with respiratory secretions, and wearing a face mask if appropriate.

Information about Pandemic Influenza Preparedness including “Cover Your Cough” posters is available at:

http://www.doh.wa.gov/panflu/